



Washington State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

Dept. of Health • PO Box 47852 • Olympia, WA 98504-7852
www.doh.wa.gov/hsqa/Professions/Pharmacy/default.htm

No. 1118 Drug Shortages

Recently there has been a significant increase in attention to the drug shortage issue, including more media awareness and patient complaints. Some significant shortages involve drugs used to treat cancer or that are involved in emergency care. This issue first hit the pharmacy world radar screen about 10 years ago; it has increased significantly each year until reaching a high of 267 reported drug shortages in 2011.

A big impact occurs when the shortages involve cancer drugs because there are fewer alternatives for treatment; and 60% to 70% involve injectable drugs. There are many reasons for these shortages, including product quality, product discontinuation, production capacity, and the unavailability of raw materials.

Drug shortages can impact patient care, including pharmacy staff, nurses, and physicians who have reported spending more time away from patient care dealing with related issues; delayed treatment; less effective drug alternatives; incomplete or missed treatment; and adverse outcomes. The shortage also creates other opportunities for unscrupulous individuals to take advantage through non-contracted or non-traditional distributors ("Gray Market") that might hoard and price gouge. There is also the opportunity for the use of counterfeit drugs.

There is action at the national level to address this issue. Food and Drug Administration (FDA) is working with stakeholders to prevent, identify, and resolve drug shortages. In addition, the United States Government Accountability Office (GAO) issued a report in December 2011 that evaluated the shortages and the ability of the FDA to respond. The GAO found FDA was constrained in its lack of authority to require manufacturers to provide information on shortages to FDA or to the public.

President Obama issued Executive Order 13588 – Reducing Prescription Drug Shortages. It provides broader reporting by the manufacturing community; works to expedite the FDA review process; and directs both the Department of Justice

and FDA to collaborate in addressing price gouging. The Department of Health and Human Services is also analyzing some of the economic factors involved in shortages. And there is legislation under consideration to help address the issue.

Within our state, the Department of Health and the Washington State Board of Pharmacy are trying to help patients and health care providers address the shortage issue while weighing any negative impacts on patient safety. This includes ensuring compliance with laws that protect the public related to drug wholesalers, manufacturers, health care professionals, and facilities.

No. 1119 Washington's Prescription Monitoring Program

By Chris Baumgartner, Director

Washington State had the nation's third highest rate of self-reported, nonmedical use of prescription painkillers in 2008 and 2009. Unintentional overdose deaths from prescription pain medications increased from 24 in 1995 to 505 in 2008. In Washington State, unintentional deaths from drug overdoses have surpassed deaths caused by traffic accidents. In the past 10 years, the number of hospitalizations for opioid dependence and abuse has more than doubled; hospitalizations for poisoning from methadone and other prescription opiates have increased at even higher rates.

One way to address this new epidemic is with prescription monitoring programs (PMPs) to identify and intervene in these cases. These programs electronically collect information on controlled substances prescribed and dispensed.

PMPs give prescribers a tool to make better-informed prescribing decisions by helping prescribers identify unsafe medication regimens, especially with patients who see multiple prescribers. We can analyze this information to help identify misuse or abuse of controlled substances and reduce medication errors from duplicate or excessive drug therapy.

This new tool in patient care is fully operational and available for prescribers, pharmacists, and other licensed health

Continued on page 4



AHRQ Toolset Can Assist Pharmacies Using e-Prescribing

A toolset released by the Agency for Healthcare Research and Quality (AHRQ) can assist independent pharmacies with the implementation of e-prescribing and may also provide useful guidance to those pharmacies already using e-prescribing. The toolset for independent pharmacies consists of seven chapters that provide guidance on topics ranging from planning the implementation process and launching the system, to troubleshooting common problems and moving into more advanced pharmacy services, states AHRQ. Flyers for use in communicating the launch to patients, templates for communicating with providers about the launch, tools for assessing pharmacy workflow, and a spreadsheet to determine return-on-investment, among other tools, are also available to pharmacies. The toolset can be downloaded from the AHRQ Web site at http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/a_toolset_for_e-prescribing_implementation_in_independent_pharmacies/30595.

FDA Database Provides Information on Pediatric Medications

A Food and Drug Administration (FDA) database provides information on pediatric medications, making it easier for both health care providers and caregivers to locate this information. The Pediatric Labeling Information Database is a one-stop resource, where providers and caregivers can search for information by the product's commercial or chemical name, or by the condition for which it was studied. The database was developed by FDA's Office of Pediatric Therapeutics (OPT), in collaboration with the Center for Drug Evaluation and Research. The OPT also provides a Safety Reporting page with information on products that have been tied to safety problems that specifically relate to children. Additional information and a link to the database is available in the Consumer Updates section of the FDA Web site at www.fda.gov/ForConsumers/ConsumerUpdates/ucm305040.htm.

Inattentional Blindness: What Captures Your Attention?



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

A pharmacist enters a prescription for methotrexate daily into the pharmacy computer. A dose warning appears on the screen. The pharmacist reads the warning, bypasses it, and dispenses the medication as entered. The patient receives an overdose of the medication and dies.

This error, and many more, have happened because the person performing the task fails to see what should have been plainly visible, and later, they cannot explain the lapse.¹ People involved in these errors have been labeled as careless and negligent. But these types of accidents are common – even with intelligent, vigilant, and attentive people. The cause is usually rooted in inattentional blindness.¹

Accidents happen when attention mistakenly filters away important information and the brain fills in the gaps with what is aptly referred to as a “grand illusion.”² Thus, in the example above, the brain of the pharmacist filtered out important information on the computer screen, and filled in the gaps with erroneous information that led him to believe he had read the warning appropriately.

Inattentional blindness is more likely to occur if part of your attention is diverted to secondary tasks, like answering the phone while entering prescriptions into the computer, or even thinking about your dinner plans while transcribing an order.

Low workload causes boredom and reduces the mental attention given to tasks, as does carrying out highly practiced tasks, such as counting out medication. We spend a large majority of our waking life functioning with the equivalent of an automatic pilot, with occasional conscious checks to ensure tasks are being carried out properly. This makes us particularly prone to inattentional blindness.

Our past experiences also teach us what is relevant. Errors occur when new or unusual circumstances happen in highly familiar situations. The pharmacist who did not notice important information on a computer warning had rarely encountered a clinically significant computer alert. The pharmacist had subconsciously learned that there was nothing important to see when reading alerts. Nothing had ever happened, so attention was automatically filtered away from the details to conserve mental processing.

Conspicuity is the degree to which an object or piece of information “jumps out” and captures your attention. The best way to achieve this effect is through use of contrast, color, or shape to call attention to differences in packaging or text.

It is difficult to reduce the risk of inattentional blindness, as it is an involuntary and unnoticed consequence of our adaptive ability to defend against information overload. Error-reduction strategies such as education, training, and rules are of little value. Instead, efforts should center on increasing conspicuity of critical information, and decreasing diversions of attention and secondary tasks when carrying out complex tasks.

1. Green M. “Inattentional blindness” and conspicuity. Visual Expert. 2004. Accessed at www.visualexpert.com/Resources/inattentional_blindness.html, March 1, 2012.
2. Angier N. Blind to change, even as it stares us in the face. The New York Times. April 1, 2008.

Know Your Dose Game Teaches Safe Acetaminophen Use

As part of the Know Your Dose campaign, the Acetaminophen Awareness Coalition has developed an interactive educational game to teach safe use of acetaminophen. The game not only answers some of the most common questions surrounding the safe use of acetaminophen, it gives an engaging face to the issue. The game, available on the

Compliance News

Compliance News to a particular state or jurisdiction should not be assumed as representing the law of such state or jurisdiction.)



Know Your Dose Web site at www.knowyourdose.org/game, invites consumers to follow three characters through a typical day of aches and pains while helping the characters learn how to take medicine that contains acetaminophen safely.

Contraception Products Sold Online With No Prescription Required, Endangering Public Health

Health care providers should help to educate patients about the risks of prescription contraceptive products marketed online as “no prescription” and “over-the-counter” products, pharmaceutical security researchers conclude. A study by these researchers found that Google searches returned results for prescription contraceptive products such as injections, oral contraceptives, and patches, as well as intrauterine devices (IUDs). All of these products were marketed as available without a prescription and researchers found that sellers provided links to YouTube videos with IUD instructions. The researchers also found that these products were being promoted on social media channels, including Facebook, Twitter, SlideShare, and Flickr. Researchers Bryan A. Liang, MD, JD, PhD, Tim K. Mackey, MAS, and Kimberly M. Lovett, MD, conclude that such online contraceptive sales represent patient safety risks and also suggest that policy makers should “employ legal strategies to address these systemic risks.” The study, “Suspect Online Sellers and Contraceptive Access,” is available in the May 25, 2012 issue of *Contraception*.

New FDA Drug Info Rounds Training Video

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, available at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm313768.htm, pharmacists discuss the Accelerated Approval Program and how FDA helps make new, potentially lifesaving drugs available more quickly. Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

FDA Resources Help Raise Awareness About Health Fraud Scams

To help raise consumer awareness about health fraud scams, FDA provides numerous educational resources in the Health Fraud Scams section of its Web site. Educating consumers on how to avoid such scams, FDA videos present information on various types of fraudulent products such as fake diet, sexual enhancement, and body building products. Consumers can also access information about specific products that are the subject of FDA warning letters, recalls, public notifications, and safety alerts. FDA news releases related to health fraud are also accessible through this section of the Web site.

NABP Accepting Award Nominations for 109th Annual Meeting

The National Association of Boards of Pharmacy® (NABP®) is currently accepting nominations for the Association’s 2013 awards that will be presented during the 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO.

Nominations are currently being accepted for the following awards: 2013 Lester E. Hosto Distinguished Service Award (DSA), 2013 NABP Honorary President, 2013 Fred T. Mahaffey Award, and 2013 John F. Atkinson Service Award.

Nominations for these awards must be received at NABP Headquarters no later than December 31, 2012. New this year, individuals wanting to submit a nomination will be asked to fill out and complete a nomination form, which may be accessed by visiting the Meetings section on the NABP Web site at www.nabp.net/meetings. Criteria for award nominees will also be posted to the Web site. Nomination forms should be sent to the NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. Directions for electronic submission will be available on the online form. The NABP Executive Committee will review the nominations and select the award recipients.

For more information, please contact the NABP Executive Office via e-mail at exec-office@nabp.net.

NABP Looking for Exam and Assessment Item Writers

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination®, the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination®, the Pharmacy Curriculum Outcomes Assessment®, and the Pharmacist Assessment for Remediation EvaluationSM. Pharmacists in all areas of practice, and faculty from schools and colleges of pharmacy are encouraged to apply. Interested individuals should e-mail, fax, or mail a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a résumé or curriculum vitae:

- ♦ via e-mail at exec-office@nabp.net;
- ♦ via fax at 847/391-4502; or
- ♦ via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net. Additional information may also be found in the August 2012 *NABP Newsletter*.



Pharmacists & Technicians:
Don't Miss Out on Valuable CPE Credit.
Set Up Your NABP e-Profile and
Register for CPE Monitor Today!

CPE Monitor™ integration is underway. Soon all Accreditation Council for Pharmacy Education (ACPE)-accredited providers will require you to submit your NABP e-Profile ID, assigned when you set up your NABP e-Profile, along with your date of birth (MMDD), in order to obtain continuing pharmacy education (CPE) credit for any ACPE-accredited activity. Many have already begun to do so.

Visit www.MyCPEmonitor.net to set up your e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

*CPE Monitor is a national collaborative service from
NABP, ACPE, and ACPE providers that will allow licensees
to track their completed CPE credit electronically.*

professionals to use. Prescription Review (the state PMP) went live to providers on January 4, 2012.

The Washington State Department of Health is very pleased to bring this new resource online. It provides important information on controlled substances given to patients. Data collection began in October 2011, and as of August 29, 2012, the system has almost 11 million records and over 9,700 health providers have registered for and received access.

The most commonly dispensed controlled substance is hydrocodone/acetaminophen (the generic form of Vicodin®). So far in calendar year 2012, pharmacists have dispensed over 1.6 million prescriptions for this drug, accounting for over 85 million pills. Hydrocodone/acetaminophen makes up roughly 25% of all the records collected.

Health providers are actively using the program. As of August 29, 2012, registered health providers have made requests for over 259,000 patient history requests.

The following quote is from a registered health provider:

Now that I've started using this system, it's almost hard for me to imagine how I was practicing medicine without it. Whenever I prescribe scheduled meds now, I routinely search the Prescription Monitoring Program database to ensure that the patient isn't getting similar meds from another provider. It is amazing to me how often this search reveals that the patient actually was getting such meds somewhere else, and just not providing this information. Finding this out helps prevent abuse of the system and thus keeps costs down for everyone. Most importantly, it helps to keep patients safe and allows us to get them the help they truly need.

Practitioners may request prescription history reports for their patients from the program. The information is online 24 hours a day, seven days a week anywhere a user has Internet access. Prescribers can also delegate authority for requesting information to other licensed health professionals working for them. For example, a prescriber can delegate authority to a health care assistant or registered nurse license holder. Information on how to assign delegates is found on the Washington PMP Web site in the user guide (link is below).

To register to access the information, visit www.wapmp.org/practitioner/pharmacist/ and follow the steps in the *Training Guide for Practitioners and Pharmacists* posted there.

The agency encourages providers to use this new system to provide improved patient care and help us prevent prescription drug misuse. The department's program Web site (www.doh.wa.gov/hsqa/PMP/default.htm) provides more information and an option to receive updates through a listserv.

The agency encourages providers to use this new system to provide improved patient care and help us prevent prescription drug misuse (www.doh.wa.gov/hsqa/PMP/default.htm).

No. 1120 Drug Utilization Review and Overrides

Who can override a Drug Utilization Review alert? In Washington State there are several laws and rules that restrict the overriding of alerts to a pharmacist or intern working under the direct supervision of a pharmacist. The following is a summary of the laws and rules:

The "practice of pharmacy" includes monitoring of drug therapy and use, and participation in drug utilization reviews ([RCW 18.64.011\(23\)](#)). The practice of pharmacy is restricted to a licensed pharmacist ([RCW 18.64.020](#)).

The pharmacist's primary responsibility is to ensure patients receive safe and appropriate medication therapy. As a result, the pharmacist cannot delegate the interpretation of data in a patient medication record system.

The pharmacist (dispenser) is required to examine visually, or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, reaction, or therapeutic duplication ([WAC 246-875-040](#)).

The pharmacy ancillary personnel rule provides further clarification relating to the duties of pharmacy technicians and assistants. Under definitions ([WAC 246-901-010\(10\)](#)) verification means the pharmacist has reviewed a patient drug order initiated by an authorized prescriber, has examined the patient's drug profile, and has approved the drug order after taking into account pertinent drug and disease information to ensure the correctness of the drug order for a specific patient. Pharmacy technicians and assistants are allowed ([WAC 246-901-020](#)) to perform certain nondiscretionary functions consistent with their training excluding discretionary tasks reserved to a pharmacist listed in [WAC 246-863-095](#).

No. 1121 Frequently Asked Questions: Pharmacy Technician Continuing Education

The Board of Pharmacy adopted rules requiring pharmacy technicians to complete continuing education (CE). The rule requires 10 hours of CE or 1.0 continuing education units annually, including at least one hour in pharmacy law. The rule is consistent with national re-certification standards for pharmacy technicians set by the Pharmacy Technician Certification Board, and the National Healthcareer Association/ExCPT.

How do I turn in proof of completing my CE? You are not required to turn in proof of completed CE; however, you must be able to attest to completing the required CE beginning with your 2014 renewal. Proof of CE is required only when you are audited.

When must I start taking CE? Pharmacy technicians will receive notification with their 2013 renewal cards. The date for attesting to the completion of the first CE will begin with

January 2014 renewal cycles. For example, if your birthday is January 16, 2013, you must complete 10 hours of CE between January 16, 2013 to January 16, 2014. You will be required to attest to the completion of the CE on your January 2014 renewal card. CE must be taken within the reporting cycle.

Can I carry CE credits over to the next year? You may not carry over CE hours or continuing education units from one reporting cycle to another.

Where can I find a list of approved courses or programs? Approved CE credits must be earned through a Board-approved program or course. Approved courses and programs include those sponsored by CE providers accredited by the [Accreditation Council for Pharmacy Education](#), or course work reviewed and approved by the Board using the [Continuing Education Approval](#) form.

No. 1122 Welcome the New Executive Director to the Board

The new executive director of the Board of Pharmacy for Washington State, Chris Humberson, RPh, comes to the position with over 30 years of retail pharmacy practice and management experience, in addition to several years in pharmaceutical sales and marketing in both hospital and retail settings.

Chris is originally from Wyoming, a 1982 graduate of the University of Wyoming School of Pharmacy, with a bachelor of science degree. Chris and his wife Kelly currently call Issaquah, WA, home. Chris enjoys history, fine arts, music, and team sports.

Please join us in welcoming Chris to the Department of Health. We are excited to have him on the team as we strengthen our efforts to accomplish our goals and advance the mission and vision of the Board.

No. 1123 Clarification of Frequently Asked Questions

- ♦ Effective June 7, 2012, pharmacies in Washington can accept valid prescriptions for controlled substances (Schedule II-V) written by advanced registered nurse practitioners (ARNP) licensed in another state if allowed by that state's scope of practice. The new law applies only to ARNPs and does not include naturopathic physicians or physician assistants.
- ♦ Effective November 2007, naturopathic physicians were granted expanded prescriptive authority to include all legend drugs (except botulinum toxin) and limited controlled substances in Schedules III, IV, and V. Any and all Schedule II drugs are excluded. The only authorized controlled substances are drugs that contain codeine (currently only codeine combination products, and not

hydrocodone), as well as testosterone products ([WAC 246-836-210](#)).

No. 1124 Recognition of 50 Years of Licensure in Washington State

The Board would like to acknowledge and congratulate the following pharmacists for 50 years of licensure in Washington State: John Hickman, Tacoma, WA; Vassa Robertson, Ketchikan, AK; Sandra Simms, North Bend, WA; Adelle Drawbaugh, Renton, WA; Dale Powell, Tacoma; Herman VanLoo, Arlington, WA; Janet Eltz, Bainbridge Island, WA; Nancy Horst, Shoreline, WA; Ralph Alexander, Seattle, WA; Richard Larson, Yakima, WA; William Hollingsworth, Olympia, WA; Robert Mickelson, Caldwell, ID; Louis Caldwell, Lake Tapps, WA; Jerry Look, Longview, WA; Kenneth Olsen, Seattle; and Richard Nelson, Seattle.

No. 1125 Pharmacy VSM Event for Pharmacist Applications

The Department of Health's front-line credentialing staff, senior managers, pharmacy program manager, and Board vice chair Donna Feild participated in a weeklong Lean Value Stream Mapping (VSM) event in July. The purpose was to increase efficiency and quality of the initial review of pharmacist applications. Lean process principles focus on the identification and elimination of non-value added activities involved in delivering a service or product to the customer. Because of the event, revisions to the pharmacist applications were implemented effective October 1. These changes include updating the application instructions; no longer requiring the applicant's birth certificate or passports as proof of age; no longer requiring recommendation letters; and eliminating the need for license transfer/reciprocity applicants to send official transcripts. When provided, the department will use e-mail to communicate with applicants.